

**APPLICATION FOR PREDETERMINATION
OF INDEPENDENT CONTRACTOR STATUS
TO ESTABLISH CONCLUSIVE PRESUMPTION**

STATE OF MAINE
Workers' Compensation Board
27 STATE HOUSE STATION
AUGUSTA, ME 04333-0027
TEL: (207) 287-7071 FAX: (207) 287-5413 TDD: (877) 832-5525

LANDOWNER

LANDOWNER'S AGENT (IF APPLICABLE):

NAME

NAME

ADDRESS NUMBER AND STREET

ADDRESS NUMBER AND STREET

CITY STATE ZIP

CITY STATE ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER

I, _____ (landowner or landowner's agent), hereby request a predetermination pursuant to 39-A M.R.S.A. §§ 105 and 401 that the relationship between the above-named landowner and the following individual or company is that of landowner/independent contractor within the definitions contained in 39-A M.R.S.A. §§ 102(13) and 401(4).

WOOD HARVESTER

NAME

ADDRESS NUMBER AND STREET

CITY STATE ZIP

TELEPHONE NUMBER

THIS DOCUMENT MAY BE PRODUCED IN ALTERNATIVE FORMATS SUCH AS BRAILLE,
LARGE PRINT AND AUDIO TAPE.

Answer each of the following questions accurately and completely.

1. (a) Have you enclosed a copy of the wood harvesting contract?

YES _____

NO _____

(b) If applicable, have you enclosed a copy of the contract, between the landowner and the landowner's agent, that establishes an agency relationship?

YES _____

NO _____

2. Does the wood harvester employ assistants to help in executing the contract?

YES _____

NO _____

If no, does the wood harvester have the authority to hire such assistants?

YES _____

NO _____

3. Does the wood harvesting contract expressly state that the independent contractor will not hire any employees to assist in the wood harvesting without first providing a certificate of insurance to the landowner showing that the independent contractor has obtained the required coverage for independent contractor's employees?

YES _____

NO _____

4. (a) Which party supplies the tools and equipment that is needed to perform the work?

LANDOWNER ____ WOOD HARVESTER ____ OTHER (PLEASE SPECIFY) _____

(b) What tools are supplied?

5. Who has control over the day-to-day operation of the work?

6. What is the duration of the agreement to perform work? (If there is no specific term or duration to the contract, describe how the contract can be terminated.)

7. Will the wood harvester be performing the same type of work for other landowners while completing this contract?

YES _____

NO _____

If yes, please describe:

8. What are the terms of payment? (That is, is the wood harvester paid a specific sum of money, by the hour, by the amount of wood cut, or by some other method?)

9. Does the landowner make withholdings from the payments made to the wood harvester for social security, income taxes, unemployment or any type of insurance?

YES _____

NO _____

If yes, please explain:

Read carefully and sign below:

I hereby certify that the foregoing information is truthful and accurate. I understand that should any information contained in this application be found to be intentionally misleading or fraudulent, the predetermination of independent contractor status shall be nullified. I further understand that this predetermination of independent contractor status is based upon the information provided in this application and that any changes in these circumstances may nullify the predetermination of independent contractor status. I agree to notify the Workers' Compensation Board of any subsequent changes.

SIGNATURE OF LANDOWNER/AGENT

DATE

SIGNATURE OF WOOD HARVESTER

DATE